ASSESSING SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS IN ADDICTION TREATMENT: The Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index

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QUADRANT MODEL FOR CO-OCCURRING DISORDERS

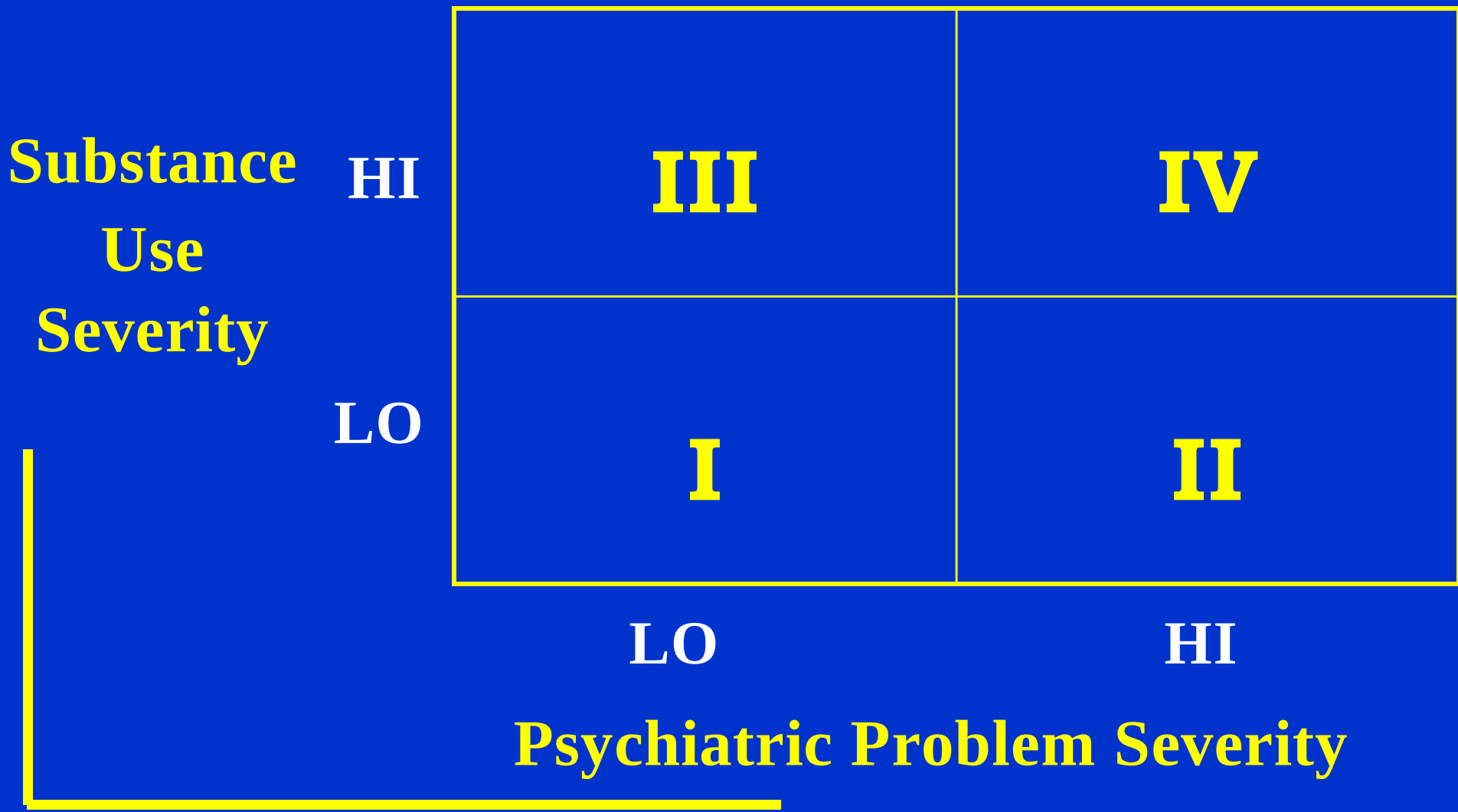
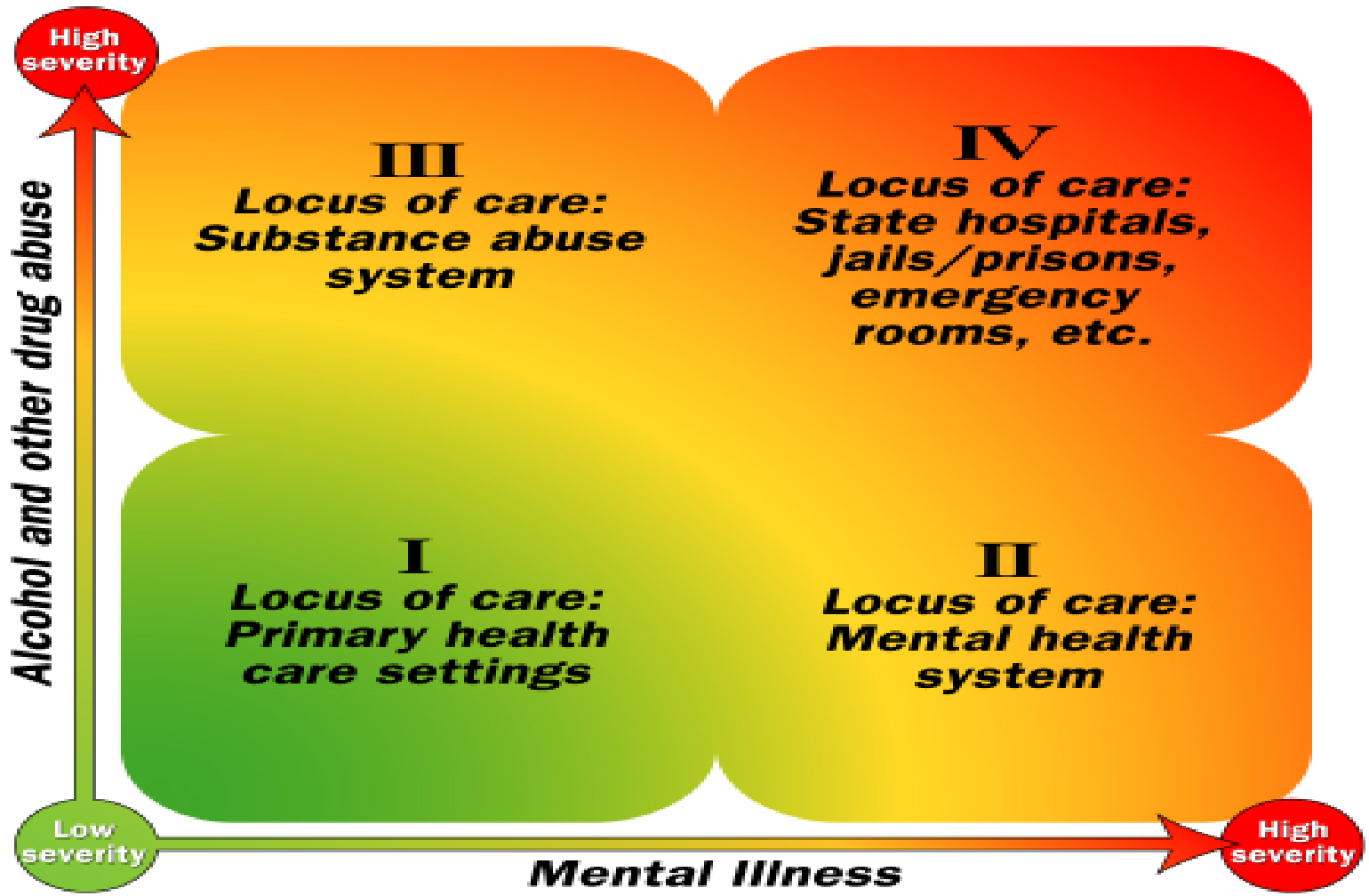


Figure 4

Service coordination by Severity



Consultation

Collaboration

Integrated Services

ADDICTION TREATMENT PROVIDER ESTIMATES BY QUADRANT (n=456)

Substance Use Severity	Psychiatric Problem Severity: LO	Psychiatric Problem Severity: HI
HI	III 44.3%	IV 24.6%
LO	I 15.2%	II 15.9%

NH & CT PROVIDER COD ESTIMATES: COMPARED WITH RESEARCH FINDINGS

Disorder	NH	CT	Research
Mood	36.8	40.6	10-45
Anxiety	26.7	26.5	10-46
PTSD	25.2	25.1	15-45
ASPD	17.4	18.3	25-50
SMI	09.0	17.4	10-30
Any Psych	56.3	-	50-66

GENERAL EVIDENCE FOR EFFECTIVE TREATMENT FOR PERSONS WITH CO-OCCURRING DISORDERS

- Studies of psychiatric severity, generic psychological treatment, and duration of services associated with therapeutic benefits (McLellan et al, 1983: Moos et al, 2001)(Q3)
- Integrated Dual Disorder Treatment (Drake et al, 1993; Mueser et al, 2003)(Q2; Q4)
- Randomized controlled trials (RCTs) with specific comorbidites (Watts et al, 2004)(Q3)

STATEMENT OF THE PROBLEM

- **Practices for co-occurring disorders in addiction treatment settings are presently guided by conceptual models and clinical guidelines (i.e. best or preferred practices)(CSAT TIP#42), not research-based evidence.**
- **The evidence base is not as advanced as in MH settings (e.g. Integrated Dual Disorder Treatment).**
- **Clinicians, programs, agencies and systems are motivated, *internally and externally*, to improve services for persons with co-occurring psychiatric disorders in their programs, but lack specific and objective approaches.**

SPECIFIC AIMS

A. To objectively determine the dual diagnosis capability of addiction treatment services.

B. To develop practical operational benchmarks or guidelines for enhancing dual diagnosis capability.

TWO EXISTING MEASURES OF DUAL DIAGNOSIS CAPABILITY

1. The Comorbidity Program Audit and Self-Survey for Behavioral Health Services (COMPASS)

- **Adult & Adolescent Program Audit Tool for Dual Diagnosis Capability**
- **Ken Minkoff & Christine Cline (2002)**
- **Designed for either mental health or addiction programs**
- ***Leans* in the direction of mental health program & SMI clients in utility (Q2)**

TWO EXISTING MEASURES OF DUAL DIAGNOSIS CAPABILITY (cont.)

2. Integrated Dual Disorder Treatment Fidelity Scale

- **IDDT developed and standardized in MH settings.**
- **IDDT model for persons with SMI (Q2)**
- **Does not appear to fit in addiction treatment settings according to providers (or IDDT developers)**
- **Mueser, Drake et al (2003)**

SOME DIFFERENCES BETWEEN MENTAL HEALTH AND ADDICTION TREATMENT SYSTEMS AND SERVICES

1. Historic and cultural
2. Levels of care (physical settings)
3. Workforce
4. Evidence-based practices
5. Role of assertive community treatment
6. Persons served
   (MH: Q1, Q2 & Q4; ATS: Q1, Q3 & Q4)
7. Funding

IS THERE A CONCEPTUAL MODEL THAT COULD GUIDE RESEARCH AND PRACTICE FOR ADDICTION TREATMENT?

- The American Society of Addiction Medicine (ASAM) Patient Placement Criteria Second Edition Revised (PPC-2R) outlined the framework for a model
- The ASAM-PPC-2R is designed for addiction treatment services
- The ASAM-PPC-2R patient placement criteria have been widely adopted in public and private community addiction treatment

THE AMERICAN SOCIETY OF ADDICTION MEDICINE'S TAXONOMY (ASAM-PPC-2R, 2001)

- ADDICTION ONLY SERVICES (AOS)
- DUAL DIAGNOSIS CAPABLE (DDC)
- DUAL DIAGNOSIS ENHANCED (DDE)

ADDICTION ONLY SERVICES (AOS)

Programs that either by choice or for lack of resources, cannot accommodate clients who have psychiatric illnesses that require ongoing treatment, however stable the illness and however well-functioning the client.

DUAL DIAGNOSIS CAPABLE (DDC)

Programs that have a primary focus on the treatment of substance-related disorders, but are also capable of treating clients who have relatively stable diagnostic or sub-diagnostic co-occurring mental health problems related to an emotional, behavioral or cognitive disorder.

DUAL DIAGNOSIS ENHANCED (DDE)

Programs that are designed to treat clients who have more unstable or disabling co-occurring mental disorders in addition to their substance-related disorders.

STAGE I: ADDICTION TREATMENT PROVIDER SURVEY (n=456): SELF-REPORTED PROGRAM TYPE BY ASAM-PPC-2R DUAL DIAGNOSIS CAPABILITY TAXONOMY

Addiction – Only	54 (12.8%)
Dual Diagnosis – Capable	238 (60.2%)
Dual Diagnosis – Enhanced	113 (26.9%)

STAGE I FINDINGS: ASAM DUAL-DIAGNOSIS PROGRAM TYPE IS SIGNIFICANTLY CORRELATED WITH REPORTED PRACTICES

- Prevalence estimates
- Screening and assessment practices
- Treatment practices
- Attitudes
- Training needs
- Barriers and resources
- Workforce characteristics (profession, experience)

STAGE I FINDINGS: ASAM DUAL-DIAGNOSIS PROGRAM TYPE IS USEFUL BUT HAS MEASUREMENT PROBLEMS

- 92.9% of sample responded to item (421 or 453)
- No differences in categories by professional role: Agency Directors vs. Clinical Supervisors vs. Clinicians
- Modest agreement among staff within programs: 47.3%
- Survey method is rapid and economical: Provides initial data (screening)
- Survey method may have bias and error

THE NEED FOR A MORE OBJECTIVE ASSESSMENT OF ADDICTION TREATMENT SERVICES' DUAL DIAGNOSIS CAPABILITY

- ASAM offers the road map, but no operational definitions for services
- Fidelity: Adherence to an evidence-based practice or model
- Fidelity scales: Objective ratings of adherence (e.g. IDDT Fidelity Scale)
- Observational ratings of adherence to consensus clinical guidelines or principles: Index

USING THE FIDELITY SCALE METHODOLOGY FOR OBJECTIVE RATINGS OF DUAL DIAGNOSIS CAPABILITY

- Site visit (yields data beyond self-report)
- Multiple sources: Chart, brochure & program manual review; Observation of clinical process, team meeting, & supervision session; Interview with agency director, clinicians & clients.
- Objective ratings on operational definitions using a 5-point scale (ordinal)

PROGRAM OF RESEARCH TO ASSESS THE DUAL DIAGNOSIS CAPABILITY OF ADDICTION TREATMENT SERVICES

- STAGE I STUDY

  Baseline needs assessment and objective study of actual co-occurring disorder treatment –

  Survey of 456 providers

- STAGE II PHASE I STUDY

  Developing an index to more objectively assess programs' dual diagnosis capability –

  Instrument construction & field testing for feasibility

PROGRAM OF RESEARCH TO ASSESS THE DUAL DIAGNOSIS CAPABILITY OF ADDICTION TREATMENT SERVICES

- STAGE II PHASE II STUDY

  Co-occurring disorder treatment services enhancement study of 3 conditions: assessment & feedback only, assessment & feedback plus training, versus assessment & feedback plus training plus implementation support

- STAGE III

  1. Links with patient-level outcomes: Treatment acceptance & retention, symptoms & functioning

  2. System-level metrics (e.g. contract dollars, cost)

STAGE II PHASE I: DDCAT FEASIBILITY STUDIES

- Index (instrument) construction
- Feedback from experts in dual-diagnosis treatment and research, state agency administrators, addiction treatment providers, and fidelity measure innovators
- Field testing the DDCAT index 1.0
- Site visits and self-assessments
- Key questions:

  1) Is it doable?

  2) Does it provide useful information and for whom?

  3) How does the index hold up?

STAGE I PHASE II: DDCAT PSYCHOMETIC PROPERTIES

SUMMARY OF FINDINGS

- Median alpha = .81 (Range .73 to .93)
- Inter-rater reliability: % agreement = 76%
- Kappa = .67 (median)
- Relationship to IDDT fidelity scale: r = .69 ($p < .01$) (DDCAT scale score r range: Assessment =.33 to Treatment =.82)

STAGE II: OBJECTIVE REVIEW OF ASAM DUAL-DIAGNOSIS PROGRAM TYPE: Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index (n=28 agencies)

ASAM CATEGORY	Total	%
Addiction Only Services	19	68
Dual Diagnosis Capable	9	32
Dual Diagnosis Enhanced	0	0

STAGE II PHASE I: RELATIONSHIP BETWEEN SELF-REPORT DUAL DIAGNOSIS CAPABILITY VIA SURVEY AND VIA DDCAT ASSESSMENT

- 28.6% agreement about program's dual diagnosis capability (2/7)
- Differences were always in dual diagnosis capability being rated higher in self-report survey (5/7)

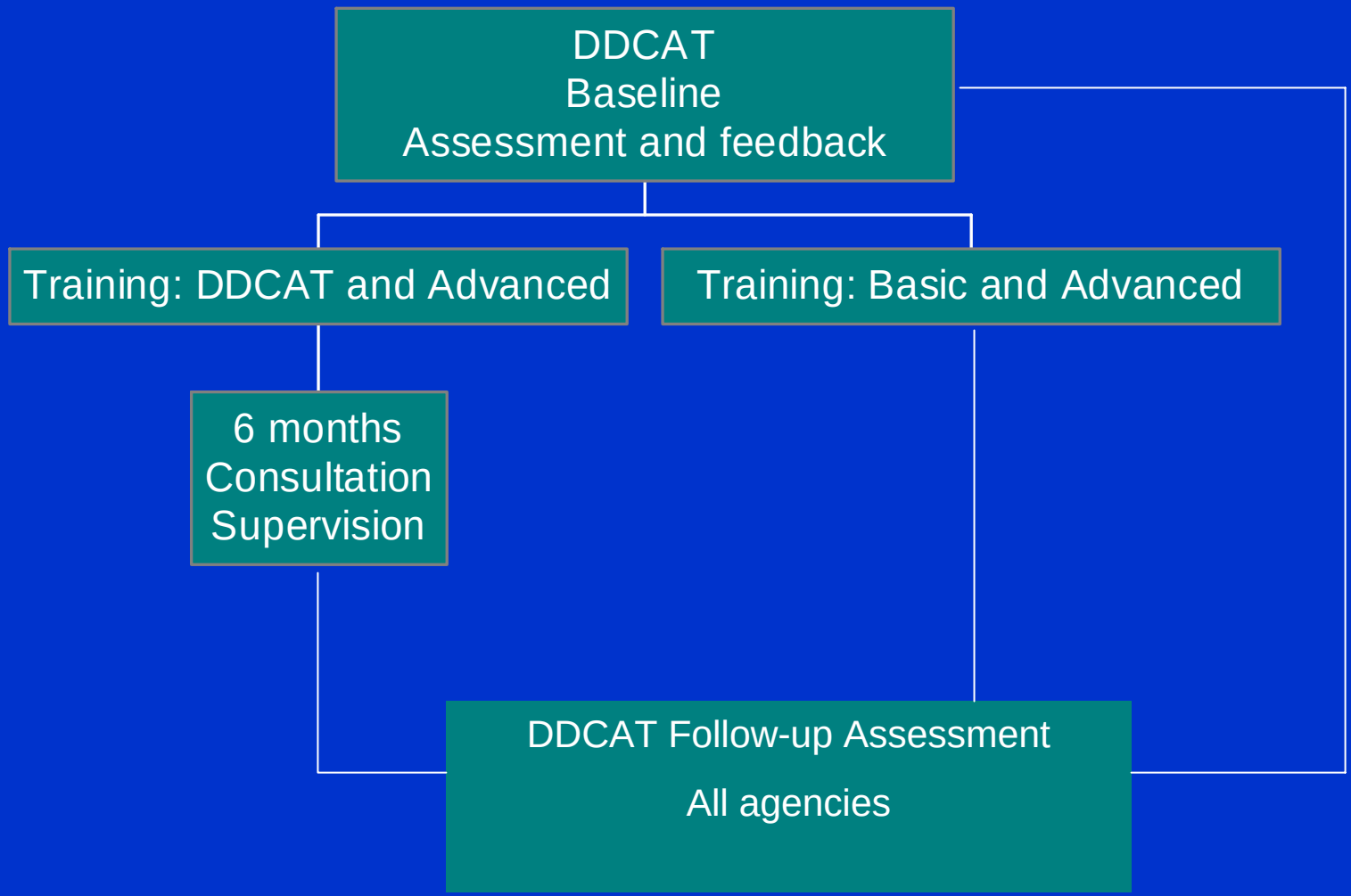
STAGE II PHASE I: SUMMARY OF FINDINGS

- 20 programs in NH: Self-assessment
- 7 programs in CT & 7 in MO: Site surveys
- Demonstrated feasibility in:
  - DDCAT ratings feasible using both formats
  - Useful process for providers and state agency:
    User-friendly, concrete, self-assessment, identifies specific avenues for change
- Acceptable psychometric properties

STAGE II PHASE II:
DDCAT PROJECTS COMPLETED IN 2005

1. Refinement of instrument and establishing psychometric properties (reliability &validity)
   (Version 2.4)
2. Implementation of targeted training and systems change procedures to advance dual-diagnosis capability
   (e.g. Basic, Advanced).
3. Testing of change strategies for enhancing dual-diagnosis capability: Assessment & feedback only, assessment & feedback plus training, or assessment & feedback plus training plus implementation support.

STAGE II PHASE II: PROJECT DESIGN

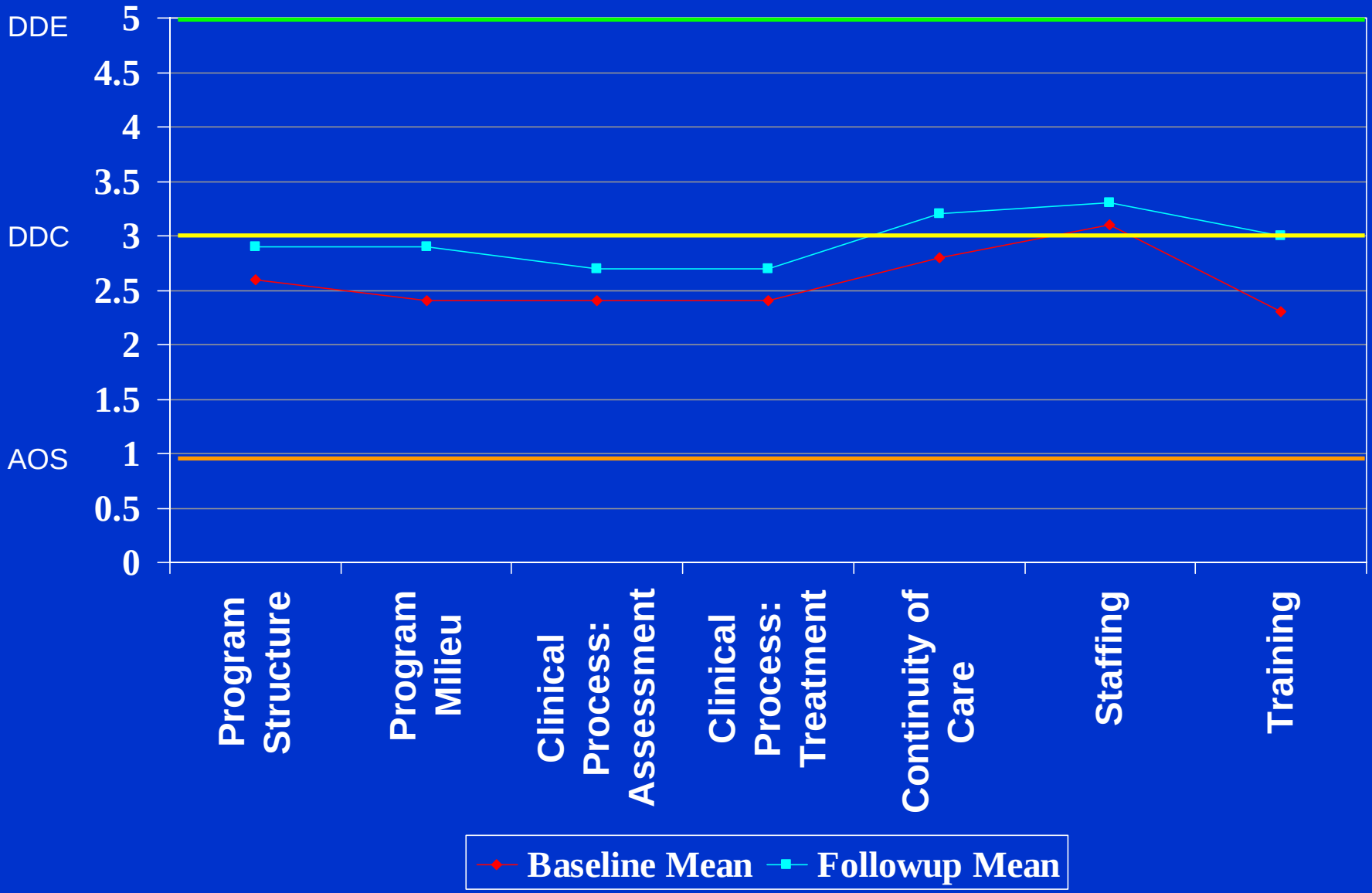


STAGE II PHASE II: PARTICIPANT PROGRAMS (n = 16) BY DDCAT LEVEL*

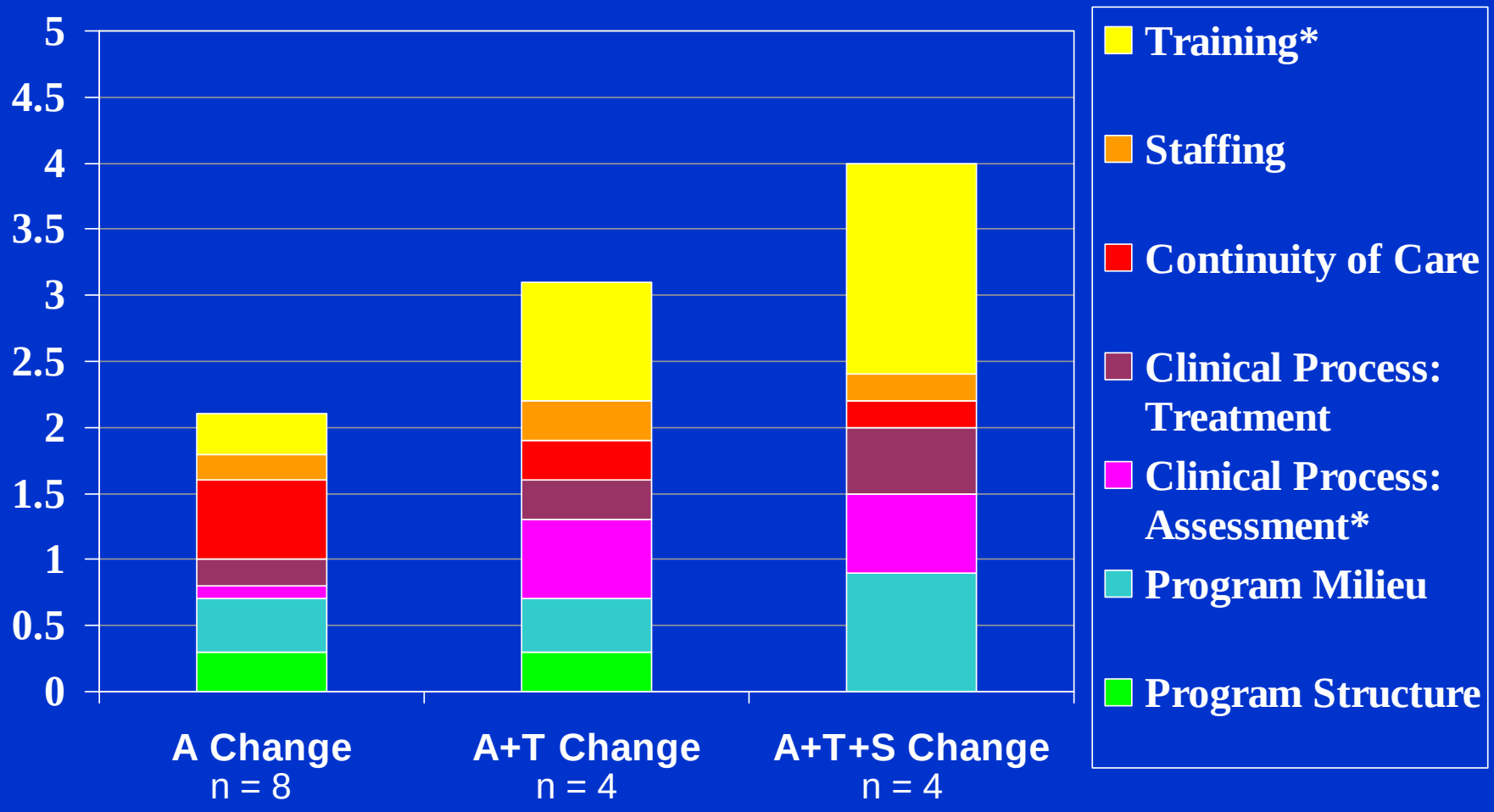
Addiction Only Services (AOS)	12
Dual Diagnosis Capable (DDC)	4
Dual Diagnosis Enhanced (DDE)	0

* Baseline DDCAT Assessment

STAGE II PHASE II DDCAT PROFILES: All Programs Baseline and Follow-up Scores

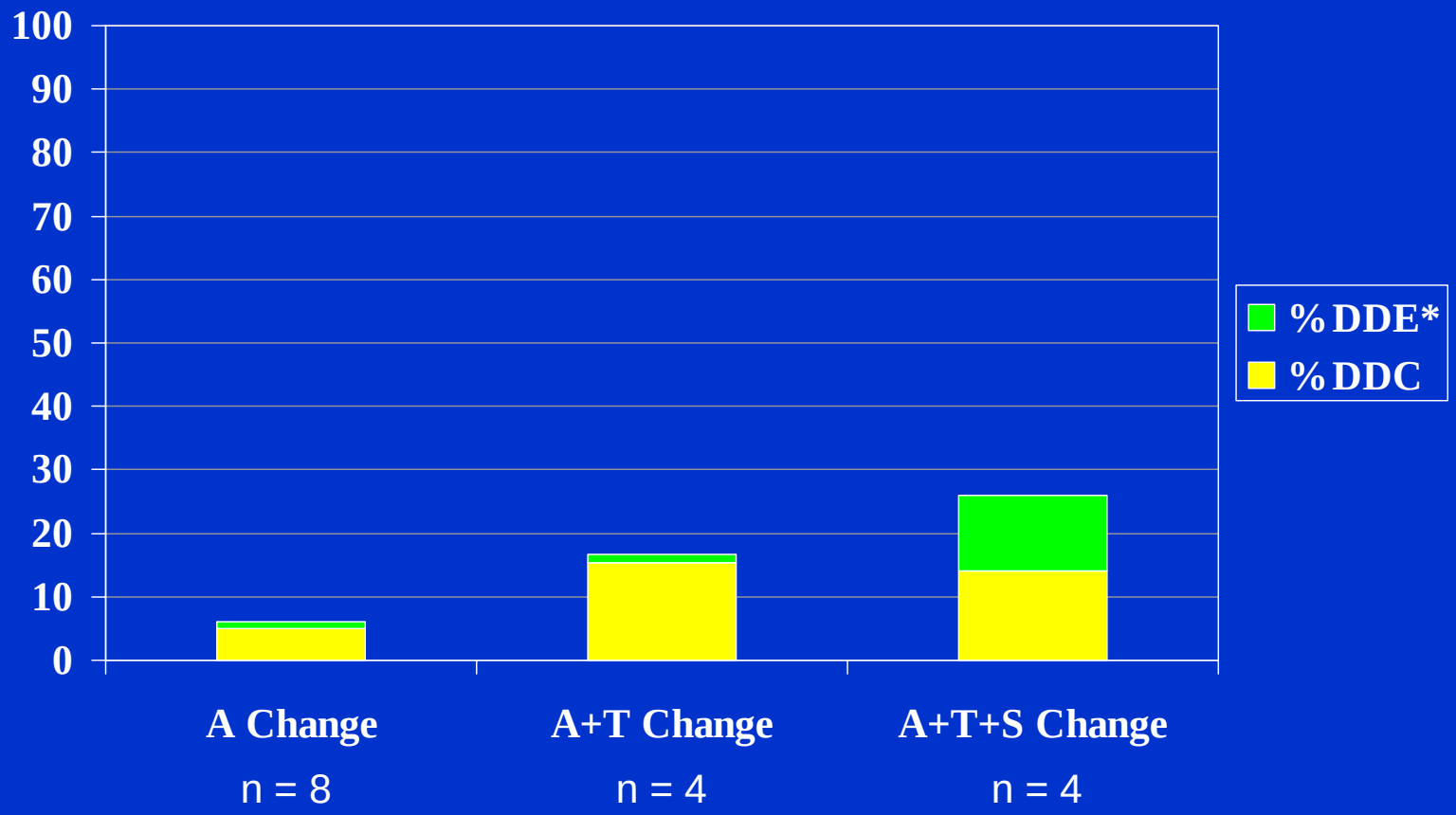


DDCAT PROFILE SCORES: MEAN CHANGE IN SCORES BY CONDITION



*Kruskal-Wallis non-parametric test p<.05

DDCAT CAPACITY LEVEL: MEAN % CHANGE BY CONDITION



*Kruskal-Wallis non-parametric Test p < .05

STAGE III STUDIES IN PROGRESS

1. Broadening use of DDCAT (benchmarks, cost data)
2. Agencies' ongoing use DDCAT for self-assessment, planning of services, strategic staff training and as measure of change.
3. State leadership: Mapping the capability of systems, measuring change, approaching issues such as rational service system design, standards & resource allocation.
4. Linking DDCAT with other sources of data (*validity studies*).
5. More state systems (CT, IL, IN, LA, MO, TX) and private sector agencies (e.g. Hazelden) are in implementation stages.
5. DDCAT manual (LA) and toolkit (CT) development.

THE DUAL DIAGNOSIS CAPABILITY IN ADDICTION TREATMENT INDEX:

DDCAT *Version 2.4*

CONDUCTING THE DDCAT VISIT

1. Respectful and affirming attitude
2. Collaborative rapport (side by side)
3. Preparation for the visit: scheduling, timeframe, what is expected and helpful
4. Meeting(s) with agency leadership, clinical supervisors, clinicians, patients/clients
5. Ethnographic observation of physical environment, milieu, staff meetings, clinical interactions
6. Review of documented materials: brochures, policy & procedure manuals, medical records, logs, phone intake screening forms

DDCAT INDEX DIMENSIONS

I. PROGRAM STRUCTURE
II. PROGRAM MILIEU
III. CLINICAL PROCESS: ASSESSMENT
IV. CLINICAL PROCESS: TREATMENT
V. CONTINUITY OF CARE
VI. STAFFING
VII. TRAINING

DDCAT INDEX RATINGS

1 - Addiction only (AOS)

2 -

3 - Dual Diagnosis Capable (DDC)

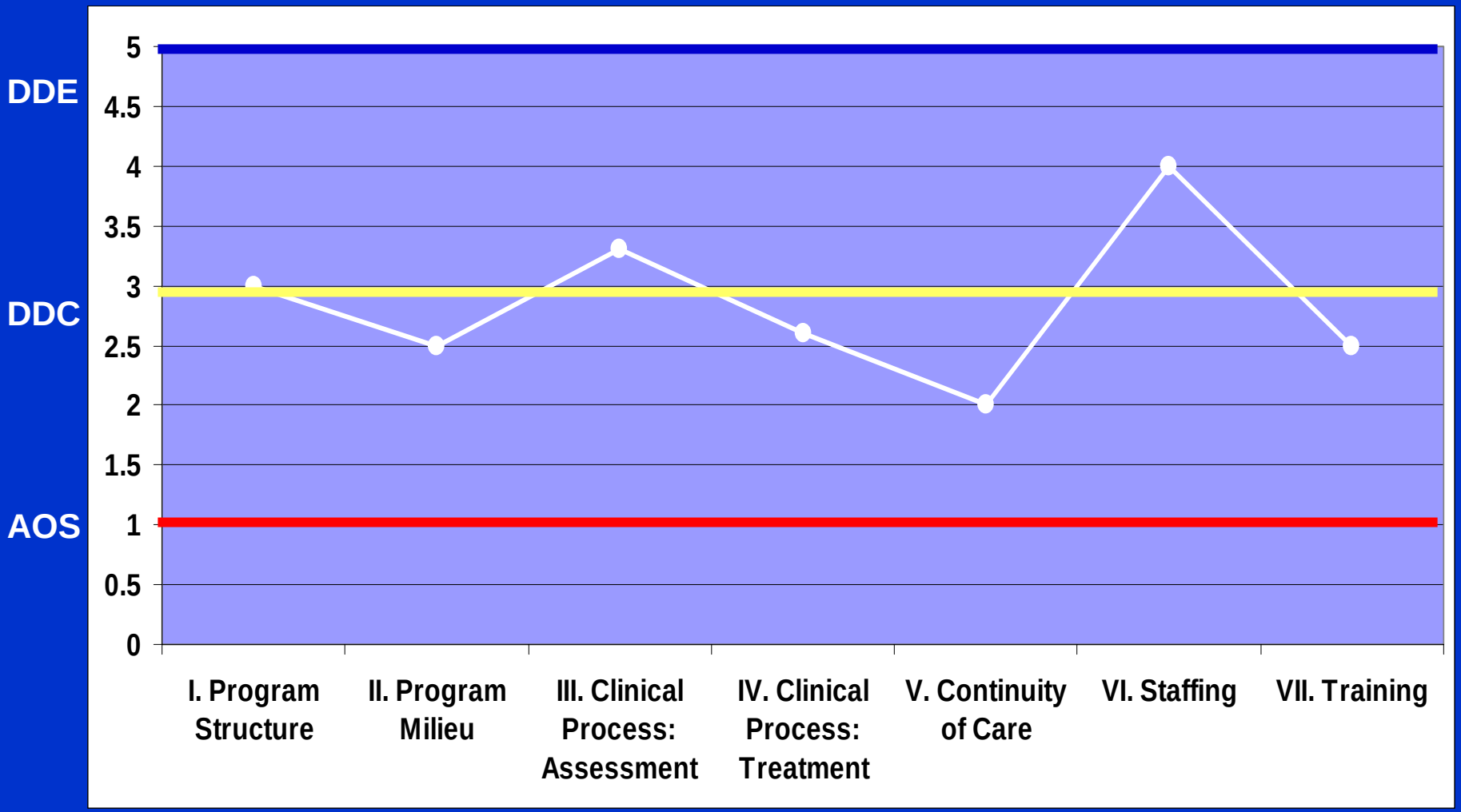
4 -

5 - Dual Diagnosis Enhanced (DDE)

DDCAT INDEX: SCORING AND INTERPRETATION

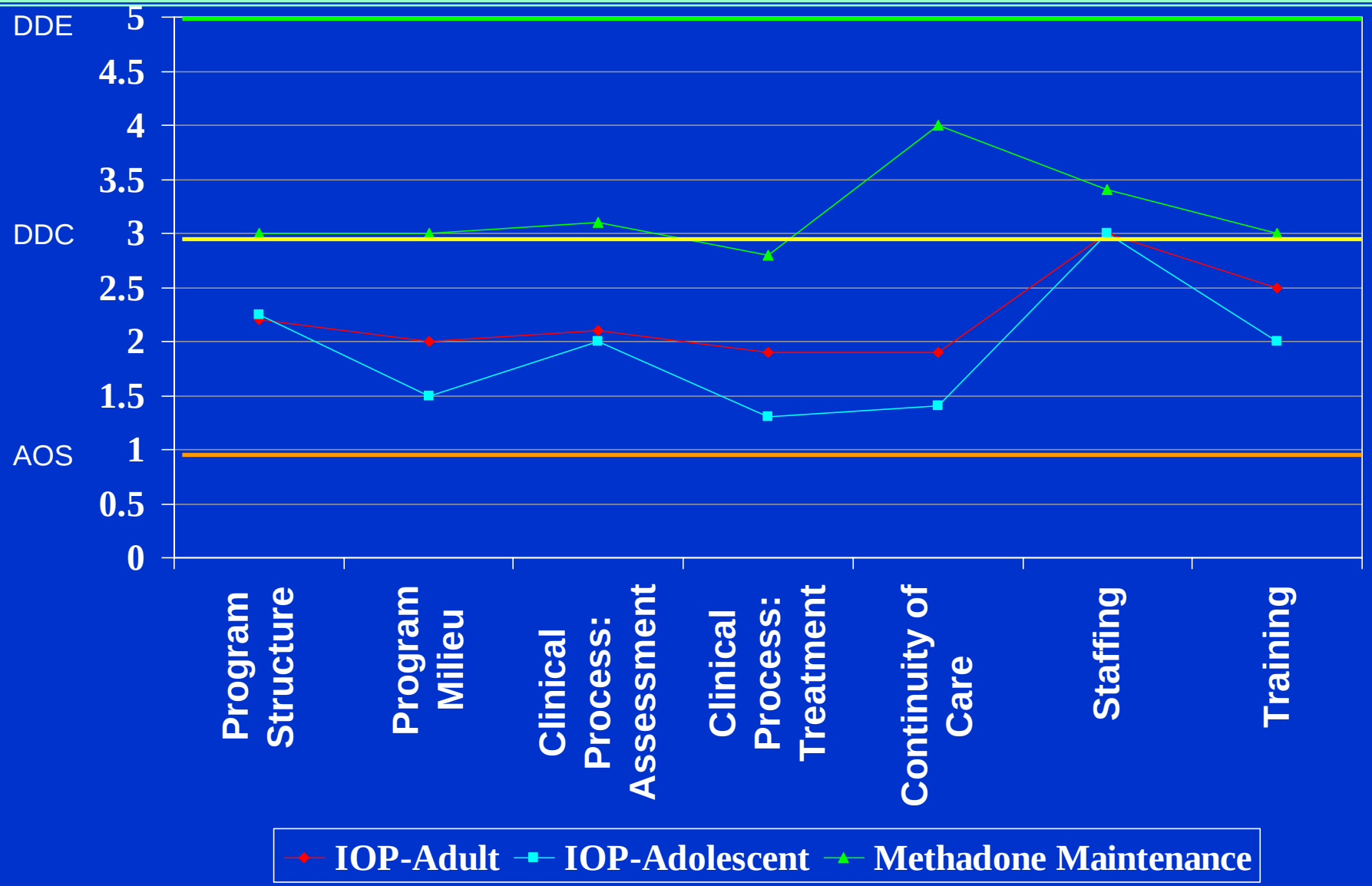
- 7 dimension scores: Average (Sum of ratings divided by number of items)
- Plot 7 dimension scores on DDCAT Profile (Over time, by program, by agency)
- Categorization of program by category based upon % of criteria met: Cutoff = 80% or greater
- Qualitative interpretation and feedback

DDCAT PROFILE:
1 Baton Rouge Program

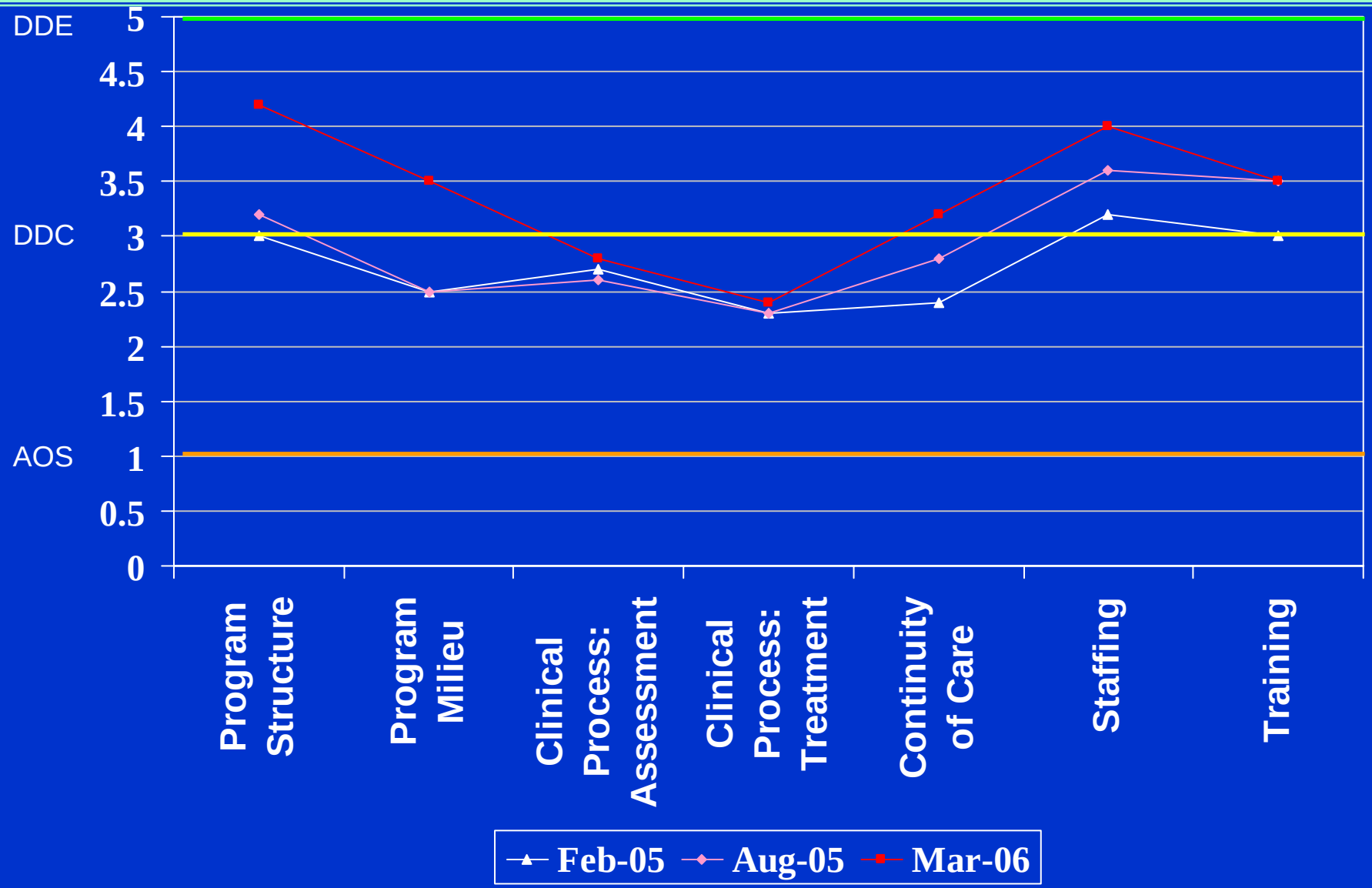


DDCAT PROFILES:

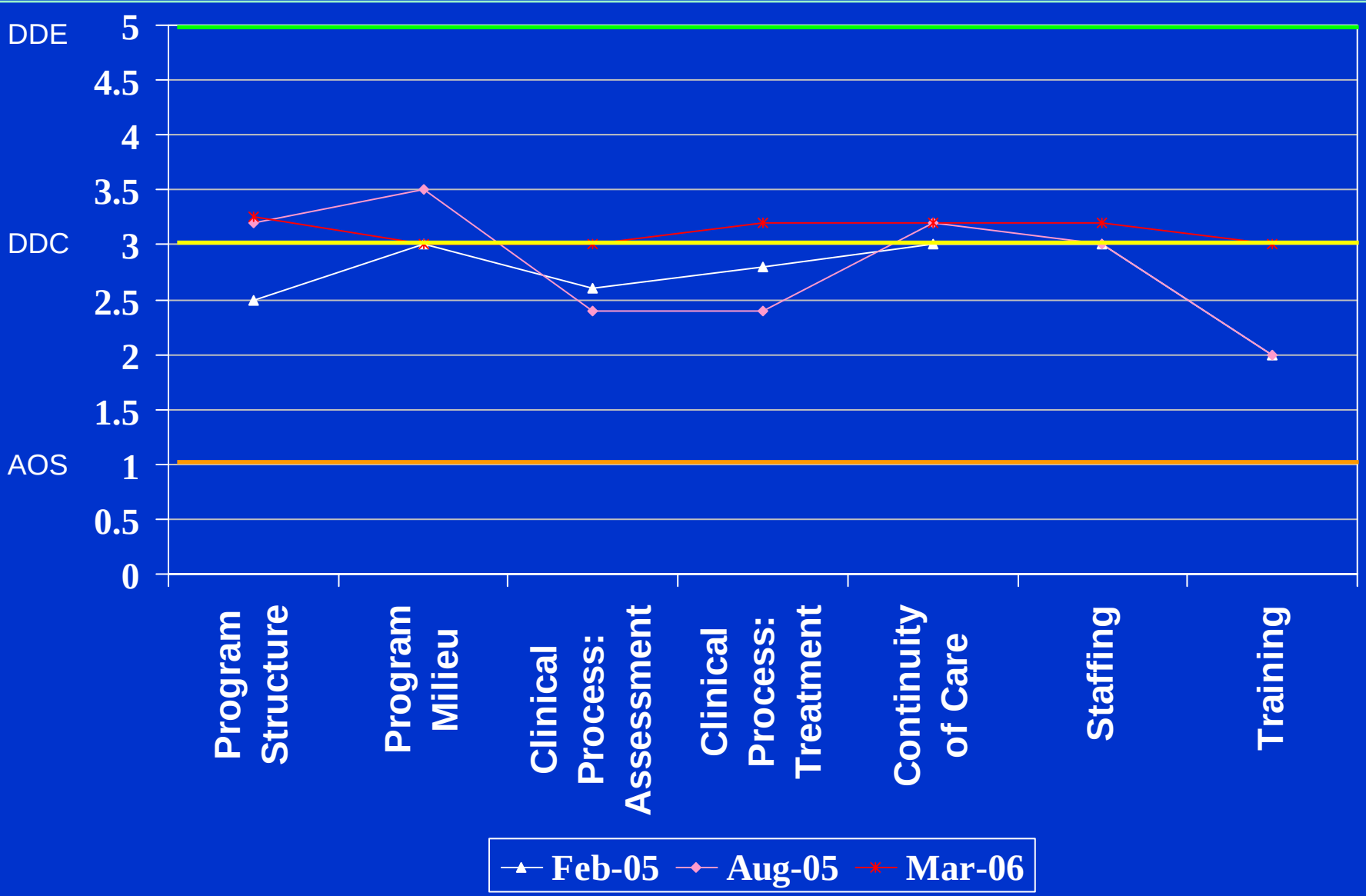
3 Indianapolis programs within a single agency



DDCAT PROFILES OVER TIME:
An Outpatient/IOP in Waterbury



DDCAT PROFILES OVER TIME:
A Waterbury Women & Children's Residential Program



DDCAT INDEX: SUMMARY & FEEDBACK

- Parallel process to clinical interaction:
  In both respect and tone MI/MET like
- Assessing organizational stage/targets of change
- Affirmation of strengths
- Elicit concerns and/or areas of potential growth and perceived barriers
- Discuss potential strategies for enhancement
- Format: Verbal and/or written (Integrative summary letter vs. actual scores)

DDCAT INDEX: PROVIDER EXPERIENCES

- Generally positive
- Appreciate concrete suggestions about potential enhancement of services
- Requests for specific information: training, screening measures, EBPs
- Verification of real financial constraints
- Curiosity about other programs, states
- Interest in measuring change over time
- Value use of graphic DDCAT profiles

DDCAT INDEX: A MECHANISM TO GUIDE STRATEGIC ENHANCMENT OF SERVICES FOR PERSONS WITH CO-OCCURRING DISORDERS

- Define category: AOS>DDC or DDC>DDE
- Training: Basic or Advanced or Both (or neither)
- Use profile graphic as guide for specific foci
- Program Milieu or Training (no cost)
- Practices: Assessment, Treatment or Continuity of Care (some cost)
- Staffing or Program Structure(more cost)
- Importance of re-assessment to measure and reinforce programmatic changes

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